Promising practices in reducing tobacco use for Inuit

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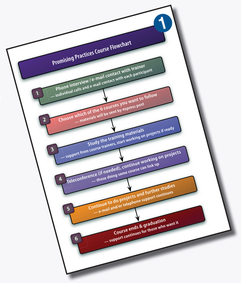
Inuit Tuttarvingat

Inuit Tobacco-free Network
Tobacco reduction resources, research and events for health workers in Inuit communities

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)

Purpose

This project is a short distance education course for at least 25 frontline health workers in all Inuit regions of Canada. It brings participants up-to-date with issues in tobacco reduction, provides them with books, flipcharts, training guides and support to undertake activities to tackle smoking in their communities. It informs and inspires them to keep trying to reduce tobacco use in their communities.



Rationale

Almost one out of three Inuit deaths are attributable to smoking – the single greatest preventable cause of death, disease and disability for Inuit[1]. In spite of this, tobacco reduction efforts are often pushed aside by more immediate crises, or they are neglected in favour of new priorities in program funding. This project also hopes to help keep tobacco reduction – one of the most serious health concerns for Inuit – on the public health agenda.

Co-ordination

The project is co-ordinated by Inuit Tuttarvingat of the National Aboriginal Health Organization for the Inuit Tobacco-free Network (ITN) with regular input from an Advisory Group appointed from all Inuit regions in Canada. Health authorities have given their full support to the project.

Literature review

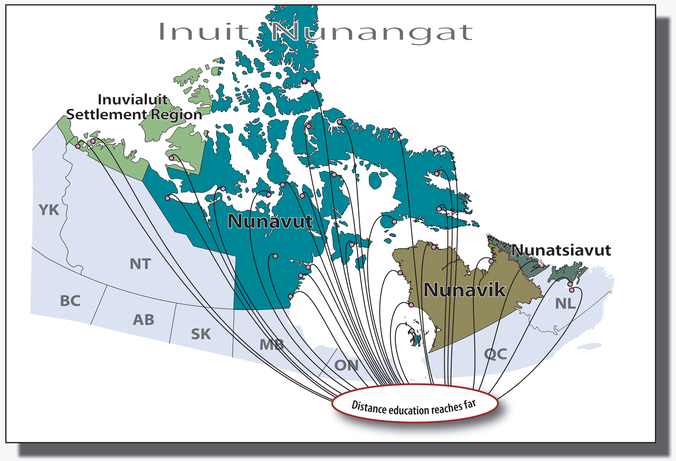
A literature review of promising practices in tobacco reduction – particularly in Aboriginal communities in Canada and worldwide – has been summarized in the ITN document ***What works in reducing tobacco use in Indigenous communities?*** *A summary of promising practices for Inuit*. This briefly describes the programs, services and activities most relevant or feasible for Inuit communities. The literature review confirmed that there was no new magic solution lurking in the body of knowledge on tobacco reduction, and that many of the most promising practices are already being experimented with in Inuit regions. Successful programs tend to have a community rather than an individual orientation. They use materials and approaches that have a high degree of relatedness to the community. Continuity of projects is a key factor.

Project design

To overcome the typical barriers to training in the far North and take account of the range of current promising practices, we designed a distance education training model that:

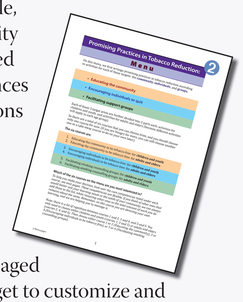
- Enables participants to be with their families and stay on the job instead of travelling long distances for training at great expense.
- Recognizes the knowledge and experience of each participant and involves them in identifying their learning needs and planning how to meet them.

1 Mo, D., Leamon, A. & Hamilton, J. "*Estimated Smoking Attributable Mortality in Former NWT 1991–1996*". ***EpiNorth*** Summer 1999: 9–10



- Enables participants to integrate their learning in their daily work and to undertake practical projects for tobacco reduction in the community.
- Has a flexible timetable and structure to accommodate the varied circumstances of participants from different regions across Canada.
- Provides individual support for each participant by phone calls, teleconferences and by e-mail.

Using distance education with adult Inuit learners has worked very well in similar courses [2]. The very high completion rates (81%) confirm the potential of culturally affirming, structured yet flexible, learner-supportive approaches to training and capacity development in the Arctic. This modified self-directed learning approach addresses the problems of differences in training, levels of experience and working conditions of Inuit frontline health workers, the vast distances, high travel costs and the added complication that extreme weather often thwarts people trying to reach their destinations for face-to-face workshops. Participants very much appreciate not having to leave their families to attend training, and are encouraged and inspired by the direct contact and support they get to customize and manage their learning.



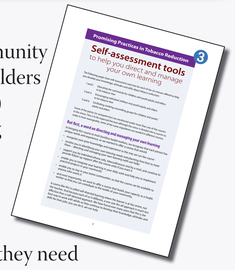
Recruiting

- 30 candidates (28 women and 2 men) have been recruited from a diverse range of Inuit frontline health and community workers.
- The majority are Community Health Representatives (CHRs) or equivalent (some regions have different names), with varying levels of experience and training in tobacco control.
- Some are new to the field of tobacco reduction.

2 Hammond, M., Rennie, C., & Dickson, J. *Distance education for Inuit smoking counsellors*. ***International Journal of Circumpolar Health*** 66:4 2007: 284–286.

Customized training

Participants select from a menu of six options: community education for children and youth (#1) or adults and elders (#2); encouraging individual youth (#3) or adults (#4) to quit smoking; and facilitating smoking counselling support groups for youth (#5) or adults (#6).

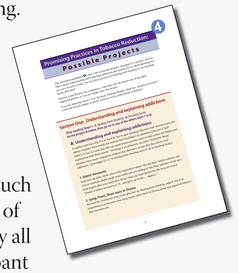


Needs assessment

Next, participants rate their current level of competence for the core and detailed competencies they need in a self-assessment exercise before starting (pre-test) and after completing (post-test) their course. Participants and trainers can then determine learning needs and evaluate progress. Participants study materials relevant to their selected course at work/home and complete two assignments: one about understanding and explaining addiction to tobacco and another about planning and managing the steps in quitting smoking.

Project work

Participants then select from among 12 possible projects, or they design their own project with the help of the trainers. The duration is flexible to take into account the differences in projects and in seasonal activities across the regions. Other issues such as vacation or sick leave, study programs, shortages of clinic staff and the pattern of life in each community all have a bearing on the time needed for each participant to complete the steps in their course. The total time required will be between 20–40 hours over two to four months, depending on the individual.



Communication

Personal contact with participants is by phone, teleconferences, e-mails, and assignments and reports marked. A critical element for success in this approach is the engagement of the trainers with each participant. (The trainers have worked many of the participants in one capacity or another in the field of community health during the past 10–15 years.)

Evaluation

Evaluation comprises pre- and post-test self-assessments, assignments, reports on projects and an evaluation of the course by participants.

For more information

The work described in this poster is one activity of Inuit Tuttarvingat's 2009/2010 initiative in tobacco reduction. Other activities include a Web site **www.InuitTobaccofree.ca** (English/Inuit language) for the Inuit Tobacco-free Network, health authorities and the broader public, an e-mail listserv for Inuit frontline health and community workers, youth video productions and promotional products. For additional information, please visit our Web site or contact:

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